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**To:** SIM, OHA  
**Subject:** SIM Care

There are pros and cons to the plan. Most of the inflated cost of healthcare is not driven by primary care physicians, it is driven by specialist and exorbitant cost for new technology, again, not driven by primary care physicians. However, Medicare reimbursement rates for primary care providers and private insurance plans unfairly compensate primary care providers and is driving them out of practice and out of medical schools. Primary care providers need a means to increase their income that is not intrusive or obstructive. As you craft this plan the legal cost of lawsuits and malpractice should be a part of the plan design because savings might be offset by increased malpractice insurance cost. I still like the concept as long as independent "consumer advocates" are properly skilled and trained and are easily accessible to the patients by phone, not by ineffective FAQ's on a worthless impersonal website.

Also, the savings which are to be returned to the PCP's should be significant enough to offset the additional administrative cost which a PCP will have to pay. Why? More nursing staff to deal with phone inquiries, faxes, and fixes related to SIM care. It is never easy!!

It would sure be far less costly and simple to increase PCP reimbursement rates, and cut reimbursement rates for specialist. Even a 5% shift in reimbursement rates would be significant. I realize that this can only be done for Medicare plans, however, what happens to Medicare reimbursement rates always trickles down to private reimbursement plan rates and premiums.

Can you imagine a surgeon having to choose between a Ferrari or BMW for the family car, or my internist who has to struggle to make payments on a Toyota Camry?

We need to change the system. At least someone is thinking outside the box. Good luck with SIM care.

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